\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

														Type of	A -1 -1141 1		
			Ma	ype of Advantage	Plan				Drug Deductible			Type of Additional Coverage Offered in Drug Coverage Gap			n		
	Organization Name Aetna Medicare	Plan Name Aetna Golden Choice Regional Plar	нмо		Regional PPO	Private	Demo Plan	Beneficiary Total Premium* (Including Drug Premium) \$99.00	Beneficiary Drug Premium* \$32.25	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
ATEANTO	Horizon Healthcare of New Jersey, Inc.	•						\$0.00	\$0.00							95	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Horizon Medicare Blue						\$53.94	-								
		Horizon Medicare Blue Plus						\$83.58	\$29.64							95	
	Sterling Option I	Sterling Option I				•		\$9.00	-							- 00	-
BERGEN	Aetna Medicare	Aetna Golden Medicare Select Plan	•					\$0.00	\$0.00			•	•			85	•
		Aetna Golden Medicare Basic Plan	•					\$0.00	-								
		Aetna Golden Medicare Value Plan	•					\$0.00	\$0.00	•			•			85	•
		Aetna Golden Medicare Standard Plan	1										1				
		w/Rx	•			1		\$30.00	\$30.00	•			•	•		85	
		Aetna Golden Choice Standard Plar		•				\$60.00	\$32.25			•	•			85	•
		Aetna Golden Medicare Premier Plan	•					\$70.00	\$58.95	•			•	•		97	•
		Aetna Golden Choice Premier Plan		•				\$90.00	\$58.95	•		ĺ	•	•		97	•
		Aetna Golden Choice Regional Plan			•			\$99.00	\$32.25		•		•			85	•
	Evercare Choice	Evercare Plan IH	•					\$28.56	\$28.56	•			•			97	•
	Horizon Healthcare of New Jersey, Inc.	Horizon Medicare Value Plus	•					\$0.00	\$0.00							95	
		Horizon Medicare Blue	•					\$53.94	-								
		Horizon Medicare Blue Plus						\$83.58	\$29.64							95	
	Oxford Health Plans (NJ), Inc.	Oxford Medicare Advantage Balance	•					\$0.00	\$0.00	•			•			97	•
		Oxford Medicare Advantage Signature	•					\$0.00	\$0.00	•			•			97	•
		Oxford Medicare Advantage Essential						\$0.00	-								
BURLINGTON	Aetna Medicare	Aetna Golden Medicare Value Plan	•					\$0.00	-								
		Aetna Golden Medicare Basic Plan	•					\$0.00	\$0.00	•			•			85	•
		Aetna Golden Medicare Standard Plan	•					\$35.00	\$35.00	•				•		85	•
		Aetna Golden Choice Value Plan		•				\$89.00	\$32.25			•	•			85	•
		Aetna Golden Choice Regional Plan		_	•			\$99.00	\$32.25		•		•			85	•
		Aetna Golden Choice Standard Plar		•				\$99.00	\$43.21	•			•	•		85	•
		Aetna Golden Medicare Premier Plan	•	_				\$99.00	\$58.95	•			•	•		97	•
		Aetna Golden Choice Premier Plan	<u> </u>	•				\$149.00	\$58.95	•			•	•		97	•
	AmeriHealth 65	AmeriHealth 65 Plus Medical Only	•					\$75.00	400.00							- 01	
	7 then leath 60	AmeriHealth 65 Plus Rx Option II	•					\$107.00	\$26.20							97	
	Horizon Healthcare of New Jersey, Inc.	·						\$0.00	\$0.00			•				95	•
		Horizon Medicare Blue						\$53.94	-								
		Horizon Medicare Blue Plus						\$83.58	\$29.64			١.				95	1 .
CAMDEN	Aetna Medicare	Aetna Golden Medicare Value Plan	·			<b>†</b>		\$0.00	φ23.04	1			<u> </u>				<del></del>
	modicare	Aetna Golden Medicare Valde Flan Aetna Golden Medicare Basic Plan	·			<b> </b>		\$0.00	\$0.00	•		1				85	•
		Aetna Golden Medicare Standard Plan	•			<b> </b>		\$35.00	\$35.00	•		1	•	•		85	•
		Aetna Golden Choice Value Plan		•				\$89.00	\$32.25				•			85	•
		Aetna Golden Choice Regional Plan			•			\$99.00	\$32.25		•	1	•			85	•
		Aetna Golden Choice Standard Plar	1	•				\$99.00	\$43.21			1	•	•		85	•
		Aetna Golden Medicare Premier Plan	•					\$99.00	\$58.95	•		1	•	•		97	•
		Aetna Golden Choice Premier Plan		•				\$149.00	\$58.95	•		1	•	•		97	•
	AmeriHealth 65	AmeriHealth 65 Plus Medical Only						\$75.00	φου.σσ	<u> </u>		1					
		AmeriHealth 65 Plus Rx Option II	·					\$107.00	\$26.20	•			•			97	•
	Horizon Healthcare of New Jersey, Inc.							\$0.00	\$0.00							95	
		Horizon Medicare Blue						\$53.94	-								
		Horizon Medicare Blue Plus						\$83.58	\$29.64							95	

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	Tracto, plane approved ac	Description		i pio y oi o	Cost	o plane	, 01 110	0. 0000	Convenience								
			М		ype of Advantage	Plan				D	rug Deduct	ible		Type of Coverage	Additional Offered in verage Gap	n	
County	Organization Name	Pian Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
CAPE MAY	Aetna Medicare	Aetna Golden Choice Regional Plar			•			\$99.00	\$32.25		•		•			85	•
								•••	•••								
	Horizon Healthcare of New Jersey, Inc.	Horizon Medicare Value Plus	•					\$0.00	\$0.00			•	•			95	•
		Horizon Medicare Blue	•					\$53.94	-								
		Horizon Medicare Blue Plus	١.					\$83.58	\$29.64							95	
	Sterling Option I	Sterling Option I				•		\$9.00	φ25.04 -			-				55	·
CUMBERLAND	Aetna Medicare	Aetna Golden Choice Regional Plan			•			\$99.00	\$32.25		•		•			85	•
	AmeriHealth 65	AmeriHealth 65 Plus Medical Only	•					\$75.00	-								
		AmeriHealth 65 Plus Rx Option II	•					\$107.00	\$26.20	•			•			97	•
	Horizon Healthcare of New Jersey, Inc.	Horizon Medicare Value Plus						\$0.00	\$0.00			•	•			95	•
		Horizon Medicare Blue						\$53.94	-								
		Horizon Medicare Blue Plus	١.					\$83.58	\$29.64			_				95	
	Sterling Option I	Sterling Option I	•			<b>.</b>		\$9.00	\$29.04			•	•			95	•
ESSEX	Aetna Medicare	Aetna Golden Medicare Select Plan	•			-		\$0.00	\$0.00			•				85	•
LOGEX	7 totala modicare	Aetna Golden Medicare Basic Plan	•					\$0.00	-				_			- 00	
		Aetna Golden Medicare Value Plan	•					\$0.00	\$0.00	•			•	•		85	•
		Aetna Golden Medicare Standard Plan															
		w/Rx	•					\$30.00	\$30.00	•			•	•		85	•
		Aetna Golden Choice Standard Plar		•				\$50.00	\$32.25			•	•			85	•
		Aetna Golden Medicare Premier Plan	•					\$75.00	\$58.95	•			•	•		97	•
		Aetna Golden Choice Premier Plan		•				\$90.00	\$58.95	•			•	•		97	•
	AmeriChoice Personal Care Plus	Aetna Golden Choice Regional Plan AmeriChoice Personal Care Plus	•		•			\$99.00 \$15.82	\$32.25 \$15.82		•		•			85 80	•
	Evercare Choice	Evercare Plan IH	+ :				-	\$28.56	\$28.56	•		•	•			97	•
	Evercare Choice	Evercare Flamin	·					\$20.50	\$20.50	·			•			91	•
	Horizon Healthcare of New Jersey, Inc.	Horizon Medicare Value Plus	•					\$0.00	\$0.00			•	•			95	•
		Horizon Medicare Blue	•					\$53.94	-								
		Horizon Medicare Blue Plus	•					\$83.58	\$29.64			•	•			95	•
	Oxford Health Plans (NJ), Inc.	Oxford Medicare Advantage Balance	•					\$0.00	\$0.00	•			•			97	•
		Oxford Medicare Advantage Signature	•					\$0.00	\$0.00	•			•			97	•
		Oxford Medicare Advantage Essential	•					\$0.00	-								
GLOUCESTER	Aetna Medicare	Aetna Golden Medicare Value Plan	•					\$0.00	-							0.5	
-		Aetna Golden Medicare Basic Plan	•	<b> </b>		1	l	\$0.00 \$35.00	\$0.00 \$35.00	•	1		•		<b> </b>	85 85	•
		Aetna Golden Medicare Standard Plan Aetna Golden Choice Value Plan	+•		-	1	1	\$35.00	\$35.00	•	1		•	•	1	85	•
<del>                                     </del>		Aetna Golden Choice Value Plan Aetna Golden Choice Regional Plan	1	<del>                                     </del>		<del>                                     </del>		\$99.00	\$32.25			•	•			85	•
		Aetna Golden Choice Regional Fiair	1	•		1	1	\$99.00	\$43.21	•	<u> </u>		•	•	1	85	•
		Aetna Golden Medicare Premier Plan	•					\$99.00	\$58.95	•			•	•		97	•
		Aetna Golden Choice Premier Plan		•				\$149.00	\$58.95	•			•	•		97	•
	AmeriHealth 65	AmeriHealth 65 Plus Medical Only	•					\$75.00	-								
		AmeriHealth 65 Plus Rx Option II	•					\$107.00	\$26.20	•			•			97	•
	Horizon Healthcare of New Jersey, Inc.	Horizon Medicare Value Plus						\$0.00	\$0.00			•	•			95	•
		Horizon Medicare Blue						\$53.94	-								
		Horizon Medicare Blue Plus						\$83.58	\$29.64			•	•			95	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	<u> </u>	Description					9			Convenience								
		·	Me		ype of Advantage	Plan					D	rug Deduc	tible		Type of Coverage			
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	n Premium)	Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
HUDSON	Aetna Medicare	Aetna Golden Medicare Select Plan Aetna Golden Medicare Basic Plan	•						\$0.00 \$0.00	\$0.00			•	•			85	•
		Aetna Golden Medicare Value Plan	÷						\$0.00	\$0.00	•			•	•		85	
		Aetna Golden Medicare Standard Plan							40.00	40.00								
		w/Rx	•						\$30.00	\$30.00	•			•	•		85	•
		Aetna Golden Choice Standard Plar		•					\$50.00	\$32.25			•	•			85	•
		Aetna Golden Medicare Premier Plan	•						\$75.00	\$58.95	•			•	•		97	•
		Aetna Golden Choice Premier Plan Aetna Golden Choice Regional Plan		•	•				\$90.00 \$99.00	\$58.95 \$32.25	•			•	•		97 85	•
	AmeriChoice Personal Care Plus	AmeriChoice Personal Care Plus	•		•				\$15.82	\$15.82		1		•			80	<del>–                                     </del>
	Evercare Choice	Evercare Plan IH	•				1		\$28.56	\$28.56	•			•			97	•
	Horizon Healthcare of New Jersey, Inc.	Horizon Medicare Value Plus							\$0.00	\$0.00							95	•
		Horizon Medicare Blue							\$53.94	-								
	Outsell Health Plans (ALI) Jan	Horizon Medicare Blue Plus	•						\$83.58	\$29.64 \$0.00			•				95 97	•
	Oxford Health Plans (NJ), Inc.	Oxford Medicare Advantage Balance Oxford Medicare Advantage Signature	÷						\$0.00 \$0.00	\$0.00				•			97	<del>- : -</del>
		Oxford Medicare Advantage Essential	•						\$0.00	-	1						37	
HUNTERDON	Aetna Medicare	Aetna Golden Choice Regional Plan			•				\$99.00	\$32.25		•		•			85	•
	Horizon Healthcare of New Jersey, Inc.	Horizon Medicare Value Plus							\$0.00	\$0.00			•				95	•
		Horizon Medicare Blue	•						\$53.94	-								
	SecureHorizons Direct	Horizon Medicare Blue Plus SecureHorizons Direct Plan 5	•			•			\$83.58 \$45.00	\$29.64			•	•			95	•
MERCER	Aetna Medicare	Aetna Golden Medicare Metro Value Plan							\$0.00	-								
-		Aetna Golden Medicare Basic Plan	•						\$0.00	\$0.00	•			•			85	•
		Aetna Golden Medicare Metro Standard																
		Plan	•						\$35.00	\$35.00	•			•	•		85	· •
		Aetna Golden Choice Metro Value Plar		•					\$89.00 \$99.00	\$32.25			•	•			85 85	•
		Aetna Golden Choice Regional Plar			•					\$32.25		•		•			85	•
		Aetna Golden Choice Metro Standard Plan	•	•					\$99.00	\$43.21	•			•	•		85	•
<del>                                     </del>	+	Aetna Golden Medicare Premier Plan Aetna Golden Choice Premier Plan	•	•		-			\$99.00 \$149.00	\$58.95 \$58.95	•	1		•	•	1	97 97	<del>- : -</del>
	Horizon Healthcare of New Jersey, Inc.	Horizon Medicare Value Plus		-					\$0.00	\$0.00			•				95	
		Horizon Medicare Blue							\$53.94	-								
		Horizon Medicare Blue Plus							\$83.58	\$29.64			•	•			95	•
	Oxford Health Plans (NJ), Inc.	Oxford Medicare Advantage Balance	•						\$0.00	\$0.00	•			•			97	•
MIDDLESEX	Aetna Medicare	Aetna Golden Choice Standard Plar Aetna Golden Choice Premier Plan		•			-		\$65.00 \$95.00	\$32.25			•	•	•		85 95	•
<del>                                     </del>	+	Aetna Golden Choice Premier Plan Aetna Golden Choice Regional Plan		•	•	-			\$95.00	\$43.21 \$32.25	•			•	•	1	85 85	•
	Horizon Healthcare of New Jersey, Inc.	-			•				\$99.00	\$32.25		<u> </u>					95	
	nonzon nealthcare of New Jersey, Inc.		•							φυ.υυ			•	•			95	•
		Horizon Medicare Blue							\$53.94 \$83.58	- #20.64			_	_			95	_
<u> </u>	Oxford Health Plans (NJ), Inc.	Horizon Medicare Blue Plus Oxford Medicare Advantage Balance	•				-		\$83.58	\$29.64 \$0.00	•	-	•	•		-	95	•
111	Sterling Option I	Sterling Option I	-						\$9.00	ψ0.00	<del></del>						01	<del></del>

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description	Ŭ	•	1 7 1	Cost				Convenience								
			М		Type of Advantage	Plan					D	rug Deduct	tible		Type of Additional Coverage Offered in Drug Coverage Gap		in	
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
MONMOUTH	Aetna Medicare	Aetna Golden Choice Standard Plar		•					\$65.00	\$32.25			•	•			85	•
		Aetna Golden Choice Premier Plan		•					\$95.00	\$43.21	•			•	•		85	•
		Aetna Golden Choice Regional Plan			•				\$99.00	\$32.25		•		•		1	85	•
	Horizon Healthcare of New Jersey, Inc.	Horizon Medicare Value Plus							\$0.00	\$0.00			•	٠			95	•
		Horizon Medicare Blue					i l	1	\$53.94	-		'						
		Horizon Medicare Blue Plus							\$83.58	\$29.64			•	•			95	•
	Oxford Health Plans (NJ), Inc.	Oxford Medicare Advantage Balance	•			<u> </u>	ш		\$0.00	\$0.00	•	<u> </u>	L	•			97	•
	Sterling Option I	Sterling Option I	ــــــ		↓	•			\$9.00	-		<u> </u>	<u> </u>					
	United HealthCare Insuance Company	Erickson Advantage No Rx	<del>  </del>	<u> </u>	<u> </u>	<u> </u>		•	\$90.00	-			<u> </u>			<u> </u>		
		Erickson Advantage Aetna Golden Medicare Standard Plan	<u> </u>	<u> </u>	<u> </u>	-		٠	\$132.00	\$41.81	•	<u> </u>	<u> </u>	•		<u> </u>	97	•
MORRIS	Aetna Medicare	w/Rx					i l	1	\$50.00	\$32.25		'					85	
WORKIG	/ Caria Mcalcare	Aetna Golden Choice Standard Plar	+-	•	+	<del>                                     </del>	$\vdash$		\$65.00	\$32.25		<del>                                     </del>	•	•		+	85	•
		Aetna Golden Choice Premier Plan	+	•	+				\$95.00	\$43.21				•		1	85	•
		Aetna Golden Choice Regional Plan	+		•				\$99.00	\$32.25		•		•		1	85	•
	Evercare Choice	Evercare Plan IH	•	1	+	†			\$28.56	\$28.56	•	<del>                                     </del>		•			97	•
	Horizon Healthcare of New Jersey, Inc.								\$0.00	\$0.00			•	•			95	•
		Horizon Medicare Blue				<u> </u>			\$53.94	-			<u> </u>					
		Horizon Medicare Blue Plus		↓	<u> </u>			$\sqcup \hspace{-0.1cm} \sqcup$	\$83.58	\$29.64			•	•			95	•
	United HealthCare Insuance Company	Erickson Advantage No Rx	<u> </u>	<u> </u>	<u> </u>			•	\$90.00	-			<u> </u>					
OCEAN	Aetna Medicare	Erickson Advantage Aetna Golden Medicare Basic Plan		<u> </u>	<u> </u>	<u> </u>			\$132.00 \$0.00	\$41.81	•		<u> </u>	•		<u> </u>	97	•
COLAIN	, totala iniculouro	Aetna Golden Medicare Value Plan	· ·	+-	+	<del>                                     </del>	$\vdash$	+	\$0.00	\$0.00		<del>                                     </del>	<del></del>			-	85	•
		Aetna Golden Medicare Standard Plan w/Rx							\$30.00	\$30.00				•			85	•
		Aetna Golden Choice Standard Plar	+			<del>                                     </del>	$\vdash$		\$50.00	\$32.25		$\vdash$	•	•		<del></del>	85	•
		Aetna Golden Medicare Premier Plan	•	<b>†</b>	<b>†</b>		$\vdash$		\$75.00	\$58.95	•	†		•	•	<b>†</b>	97	•
	İ	Aetna Golden Choice Premier Plan	1	•					\$90.00	\$58.95	•			•	•	1	97	•
		Aetna Golden Choice Regional Plan			•		$\Box$	i	\$99.00	\$32.25		•		•			85	•
	Horizon Healthcare of New Jersey, Inc.	Horizon Medicare Value Plus							\$0.00	\$0.00				•			95	•
		Horizon Medicare Blue		<u> </u>	<u> </u>	<u> </u>	Ш	$\longmapsto$	\$53.94	-			<b> </b>					
	Oxford Health Plans (NJ), Inc.	Horizon Medicare Blue Plus	•	↓	<u> </u>			igwdap	\$83.58 \$0.00	\$29.64 \$0.00			•	•			95 97	•
	Oxidia nealth Plans (NJ), Inc.	Oxford Medicare Advantage Balance Oxford Medicare Advantage Signature	•	+	-	<del>                                     </del>	$\vdash$		\$0.00	\$0.00	<u> </u>	+	<del></del>	•		-	97	•
				1			1 1		<b>\$</b> U.UU	<b>3</b> U.UU				•	1			. •
		Oxford Medicare Advantage Essential	•						\$0.00	-			<del>                                     </del>			+	<del></del>	

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	ппасырына арргочса аз	,		Cost		<u>′</u>		Convenience										
			Type of Medicare Advantage Plan								D	rug Deduct	ible		Type of Additiona Coverage Offered Drug Coverage Ga			
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
PASSAIC	Aetna Medicare	Aetna Golden Medicare Select Plan	•						\$0.00	\$0.00			•	•			85	•
		Aetna Golden Medicare Basic Plar	•						\$0.00	-								
		Aetna Golden Medicare Value Plan	•						\$0.00	\$0.00	•			•	•		85	•
		Aetna Golden Medicare Standard Plan																
		w/Rx	•						\$30.00	\$30.00	•			•	•		85	•
		Aetna Golden Choice Standard Plar		•					\$50.00	\$32.25			•	•			85	•
		Aetna Golden Medicare Premier Plan	•						\$75.00	\$58.95	•			•	•		97	•
	İ	Aetna Golden Choice Premier Plan	1	•	1				\$90.00	\$58.95	•	İ		•	•	İ	97	•
		Aetna Golden Choice Regional Plan	1		•				\$99.00	\$32.25		•				İ	85	•
	AmeriChoice Personal Care Plus	AmeriChoice Personal Care Plus	•	<b>†</b>	<del>                                     </del>	1			\$15.82	\$15.82		<del> </del>	•			<b>†</b>	80	
<del></del>	Evercare Choice	Evercare Plan IH	•	<b>-</b>	<del>                                     </del>	<del>                                     </del>			\$28.56	\$28.56		<del>                                     </del>	-		-	<del>                                     </del>	97	•
	Horizon Healthcare of New Jersey, Inc.								\$0.00	\$0.00			•	•			95	•
		Horizon Medicare Blue	•						\$53.94	-								
		Horizon Medicare Blue Plus							\$83.58	\$29.64			•	•			95	•
	Oxford Health Plans (NJ), Inc.	Oxford Medicare Advantage Balance	•						\$0.00	\$0.00	•			•			97	•
SALEM	Aetna Medicare	Aetna Golden Choice Regional Plar			•				\$99.00	\$32.25		•		•			85	•
	AmeriHealth 65	AmeriHealth 65 Plus Medical Only	•						\$75.00	-								
		AmeriHealth 65 Plus Rx Option II	•						\$107.00	\$26.20	•			•			97	•
	Horizon Healthcare of New Jersey, Inc.	Horizon Medicare Value Plus							\$0.00	\$0.00			•	•			95	•
	_	Horizon Medicare Blue							\$53.94	-								
	Sterling Option I	Horizon Medicare Blue Plus Sterling Option I	•						\$83.58 \$9.00	\$29.64			•	•			95	•
SOMERSET	Aetna Medicare	Aetna Golden Choice Regional Plan			•				\$99.00	\$32.25		•		•			85	•
CONLINCET	Evercare Choice	Evercare Plan IH	•		<u> </u>	<del> </del>			\$28.56	\$28.56	•	<del>                                     </del>		•			97	•
	Horizon Healthcare of New Jersey, Inc.								\$0.00	\$0.00			•	•			95	•
		Horizon Medicare Blue							\$53.94	-								
		Horizon Medicare Blue Plus Aetna Golden Medicare Standard Plan	•						\$83.58	\$29.64			•	•			95	•
SUSSEX	Aetna Medicare	w/Rx	•	L	<u> </u>	<u> </u>			\$50.00	\$32.25	L	<u></u>	•	•		<u> </u>	85	•
		Aetna Golden Choice Standard Plar		•					\$65.00	\$32.25			•	•			85	•
		Aetna Golden Choice Premier Plan		•					\$95.00	\$43.21	•			•	•		85	•
		Aetna Golden Choice Regional Plan	1		•				\$99.00	\$32.25		•		•		İ	85	•
	Horizon Healthcare of New Jersey, Inc.								\$0.00	\$0.00			•	•			95	•
		Horizon Medicare Blue	•						\$53.94	-								
		Horizon Medicare Blue Plus							\$83.58	\$29.64			•	•			95	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description				Cost				Convenience								
		·	м		ype of Advantage	Plan					С	rug Deduc	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO			Cost Demo Plan Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
UNION	Aetna Medicare	Aetna Golden Medicare Select Plan	•						\$0.00	\$0.00			•	•			85	•
		Aetna Golden Medicare Basic Plan	•						\$0.00	-								
		Aetna Golden Medicare Value Plan	•		1				\$0.00	\$0.00	•			•			85	•
		Aetna Golden Medicare Standard Plan w/Rx							\$30.00	\$30.00							85	•
		Aetna Golden Choice Standard Plar		•					\$60.00	\$32.25			•	•			85	•
		Aetna Golden Medicare Premier Plan	•						\$70.00	\$58.95	•			•	•		97	•
		Aetna Golden Choice Premier Plan		•	Ĭ				\$90.00	\$58.95	•			•	•		97	•
		Aetna Golden Choice Regional Plan			•				\$99.00	\$32.25		•		•			85	•
	AmeriChoice Personal Care Plus	AmeriChoice Personal Care Plus	•						\$15.82	\$15.82			•				80	
	Evercare Choice	Evercare Plan IH	•						\$28.56	\$28.56	•			•			97	•
	Horizon Healthcare of New Jersey, Inc.	Horizon Medicare Value Plus							\$0.00	\$0.00			•				95	•
		Horizon Medicare Blue							\$53.94	-								
		Horizon Medicare Blue Plus	•						\$83.58	\$29.64			•	•			95	•
	Oxford Health Plans (NJ), Inc.	Oxford Medicare Advantage Balance	•						\$0.00	\$0.00	•			•			97	•
		Oxford Medicare Advantage Signature	•	]					\$0.00	\$0.00	•			•	]		97	•
		Oxford Medicare Advantage Essential	•	]					\$0.00	-					]			
WARREN	Aetna Medicare	Aetna Golden Choice Regional Plar			•				\$99.00	\$32.25		•		•			85	•
	Horizon Healthcare of New Jersey, Inc.	Horizon Medicare Value Plus							\$0.00	\$0.00			•				95	•
		Horizon Medicare Blue							\$53.94	-								
		Horizon Medicare Blue Plus							\$83.58	\$29.64			•	•			95	•